	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET				SERIAL NO.		FILING DATE

CLAIMS

APPLICANT(S)

Left table:

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	\					
2		\				
3		\				
4		\				
5	\					
6		\				
7		2				
8	\					
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47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	6					
TOTAL CLAIMS						

Right table:

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						